U.S. Department of Labor Office of Labor-Management Standards♣ Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 13.004	2. Fiscal Year Covered From			
	1/ 1/ C4 Through: 12/31/ 04			
Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name Harold J Ayers	Name Teamsters Local 322			
	Labor Organization File Number 072 443			
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 2201 Dartford Road	Street 3705 Carc ina Avenue			
City Richmond	City Richmond			
State Virginia ZIP Code + 4 23229	State Virginia ZIP Code + 4 23222			
5. Position in labor organization. President				
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). 7.a. Nature of Interest, Transaction, or Income.				
Name				
Trade Name, if any:				
P.O. Box, Bldg. Room No., if any	7.b. Amount.			
Street				
City .				
State ZIP Code + 4				
Signature				
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the second	ying documents), has been examined by the signatory and is, to the best of the			
Signed Harold J. ayers	On 8-12-05 (804) 321-0356 Date Telephone Number			

2201 Dartford Road

Richmond

Virginia

Street

City

State

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a

ZIP Code + 4

or Consultant

23229

substantial part of which consists of buying from, selfing or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name Teamsters Joint Council No. 83 a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any c. Employer 8814 Fargo Road, Suite 200 Street Richmond City ZIP Code + 4 23229 Vírginia State 11,a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Expenses incurred as a Trustee at a Harold J. Ayers Name conference helm by the International Foundation of Employee Benefits Plan and at Trade Name, if any: Board of Trustae meetings. I was either reimbursed or such expenses were paid by the P.O. Box, Bldg. Room No., if any Fund.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.b. Amount of payment.

12.b. Amount.

13.b. is the Business an Employer

\$3272.69

B. Held an interest in or derived income or economic benefit with monetary valus substantial part of which consists of buying from, selling or leasing to, or otherwof an employer whose employees your labor organization represents or is actived any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	ise dealing with the business ely seeking to represent, or rectly to, or otherwise	
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Beyer-Barber Company	Notice to	ļ
Trade Name, if any:	a. Labor Organization X b. Trust	
P.O. Box, Bldg., Room No., if any		
Street 1136 Hamilton Street, Suita 103	c. Employer	
City Allentown		
State Pennsylvania ZIP Code + 4 18101		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Teamsters Joint Council No. 83 H & W and Pension Funds	Dinner for mystall as a Trustee and my spouse while attending International	
Trade Name, if any:	Foundation of Lamiloyee Benefin New Orleans, Louisiana.	it Plans
P.O. Box, Bldg., Room No., if any		,
Street 8814 Fargo Road, Suite 200	11.b. Approximate dollar value of such dealing.	\$237.16
City Richmond	12.8. Nature of interest held or income received.	-
State Virginia ZIP Code + 4 23229		\ :
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	be considerable and the second of the second	
	12.b. Amount.	The state of the s
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		

Ḥarold J. Ayers

Name of Person Filing

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name Manning & Napier				
Trade Name, if any:	a. Labor Organization The b. Trust			
P.O. Box, Bidg., Room No., if any	c. Employer			
Street 290 Woodcliff Drive				
City 'Fairport				
State New York ZIP Code + 4 10016				
10. If 9.b. or 9.c. is checked give trust or employer's name	11.a. Nature of such dealing.			
Name Teamsters Joint Council No. 83 H & W and Pension Funds Trade Name, if any:	Dinner for mysulf as Trustee and my spouse while attending International Foundation of Employee Benefits Plans in New Orleans, Louisiana.			
P.O. Box, Bldg., Room No., if any				
Street 8814 Fargo Road, Suite 200	11.b. Approximate dollar value of such dealing. \$321.60			
City Richmond	12.a. Nature of interest held or income received.			
State Virginia ZIP Code + 4 23229				
	12.b. Amount.			
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.			
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any				
P.O. Box, Bidg., Room No., if any				
Street				
City				
State ZIP Code + 4				
13.b Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

Name of Person Filing

Harold J. Ayers

substantial pain of which consists of buying from seking or leasing to, or other of an employer whose employees your labor organization represents or is activally any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	vely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name if any,	9 Business deals with
Name Segal Advisors	a Labor Organization
Trade Name If any	a Labor Organization b Trust
PO Box Bldg Room No If any	~ ~~
Street One Park Avenue	c Employer
Ony New York	
State New York ZIP Code + 4 10016	
10 If 9 bill or 9 cilis checked give trust or employer's name	11 a Nature of such dealing
Name Teamsters Joint Council No. 83 H & W and Pension Funds	Dinner for myself as Trustee and my spouse while attending International Foundation of Employee Benefits Plans in New Orleans,
rade Name If any	Louisiana.
P.O. Box. Blog. Room No. if any]
Street 8814 Fargo Road, Suite 200	11.b. Approximate dollar value of such dealing \$142.50
Ct, Richmond	12.a. Nature of interest held or income received
	12 b Amount
C Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone	
'3 a Name and address of Employer or Labor Relations Consultant	14 a Nature of payment
nduding trade name if any;	1
Name	
Trade Name if any	
P O Box Bldg Room No if any	
Street	
24,	1
State ZIP Code + 4	
13 cilis the Business an Employer or Consultant ?	14 b. Amount of payment
Form _M-30 (2003	_

Page 2 of 2

Name of Person Filing

Harold J. Ayers

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a

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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with			
Name Segal Company				
Trade Name, if any:	a. Labor Organization			
P.O. Box, Bldg., Room No., if any	b. Trust c. Employer			
Street 1920 N Street, N.W., Suite 400	c. Employer			
City Washington				
State D.C. ZIP Code + 4 20036				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name Teamsters Joint Council No. 83 H & W and Pension Funds	Dinner for myself as Trustee and my spouse while attneindg International			
Trade Name, if any:	Foundation of Employee Bene New Orleans, cuisiana.	fits Plans in		
P.O. Box, Bldg , Room No., if any				
Street 8814 Fargo Road, Sulte 200	11.b. Approximate dollar value of such dealing.	1		
City Richmond	12.a. Nature of Interest he.d or income received.	141.18		
State Virginia ZIP Code + 4 23229		:		
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	i			
	12.b. Amount.	National Control of the Control of t		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name	,			
Trade Name, if any				
P.O. Box, Bidg., Room No., if any	1			
Street				
City				
State ZIP Code + 4	*** *** *** *** *** *** *** *** *** **			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

Name of Person Filing Harold J. Ayers